

09/889427

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|------|
| FEE DETERMINATION         |          |        |      |
| O.I.P.E. CLASSIFIER       |          |        |      |
| FORMALITY REVIEW          |          |        |      |
| RESPONSE FORMALITY REVIEW |          |        |      |

INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 ..... Allowed I ..... Interference  
 (Through numeral) ..... Canceled A ..... Appeal  
 ..... Restricted O ..... Objected

| Claim | Date   |
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| Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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